

**FEE TRANSMITTAL**

Application Number 10/705,813  
Filing Date November 10, 2003  
Inventor(s) Milind Kulkarni  
Examiner Name Robert M. Kunemund  
Attorney Docket Number MEMC 02-0201 (3035.1)

Art Unit 1722  
Confirmation No. 5409

☐ Applicant claims small entity status.

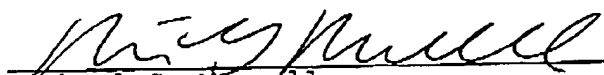
**METHOD OF PAYMENT**

- ☒ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
- ☐ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

**FEE CALCULATION**

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES  
(Type: \_\_\_\_\_) Subtotal (1) \$ \_\_\_\_\_
2. ☐ EXCESS CLAIM FEES
- Total Claims \_\_\_\_ - \_\_\_\_ (HP) = 0 x Fee \_\_\_\_ = \$0.00  
Indep Claims \_\_\_\_ - \_\_\_\_ (HP) = 0 x Fee \_\_\_\_ = \$0.00  
Multiple Dependent Claims Fee \$ \_\_\_\_\_  
(HP = highest number of claims paid for)
- Subtotal (2) \$0.00
3. ☐ APPLICATION SIZE FEE
- Total Pages N/A - 100 = N/A ÷ 50 = 0 x \$ \_\_\_\_ = \$0.00  
(Application + Drawings) (round up to whole #)
- Subtotal (3) \$0.00
4. ☒ OTHER FEE(S)
- ☒ One (1) month extension of time  
☐ Information disclosure statement  
☐ 37 CFR 1.17(q) processing fee  
☐ Non-English specification  
☐ Notice of Appeal  
☐ Filing a brief in support of appeal  
☐ Request for oral hearing  
☐ Other: \_\_\_\_\_
- Subtotal (4) \$120.00

TOTAL AMOUNT OF PAYMENT \$120.00

  
Michael G. Munsell  
Reg. No. 43,820

4/28/06  
Date  
Telephone: 314-231-5400

MGM/clh

Via Facsimile - 571-273-8300